



**BUREAU OF  
BUSINESS MANAGEMENT**  
DIVISION OF PROCUREMENT SERVICES  
2600 Bull Street  
Columbia, SC 29201-1708  
Telephone (803) 898-3501 Fax (803) 898-3505

April 7, 2010

Diabetes Mini-Grant Application No.38280-05/06/10-MAR

**Closing Date: May 6, 2010**

**Time: 5:00 P.M. (EST)**

Mini-Grant Application for Capacity Building for local Diabetes Chapter Coalitions targeting high-risk communities at risk for diabetes.

**Mail Mini-Grant Capacity Building Applications to:**

**SC DHEC**

**Bureau of Business Management**

**Division of Procurement Services**

**2600 Bull Street**

**Columbia SC 29201**

**Attn: Michelle Robinson, CPPB**

**Mini-Grant Capacity Building Applications may be sent via e-mail to [robinsma@dhec.sc.gov](mailto:robinsma@dhec.sc.gov) or facsimile at (803) 898-3505.**

An official authorized to bind the offeror to the terms of the grant application must sign the application. **Applications must be submitted showing the above application number by 5:00 PM (EST) May 6, 2010.** The State of South Carolina assumes no responsibility for unmarked envelopes being considered for award.

Questions concerning any part of this grant application should be directed to Michelle Robinson, CPPB, Procurement Manager I at (803) 898-3469 or via e-mail at [robinsma@dhec.sc.gov](mailto:robinsma@dhec.sc.gov) or fax at (803) 898-3505.



South Carolina Department of Health  
and Environmental Control

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**Diabetes Mini-Grant Application FY 2010-2011****Name of Coalition /Community Group** \_\_\_\_\_**Address** \_\_\_\_\_**City/State/Zip Code** \_\_\_\_\_**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_**Federal Tax ID #** \_\_\_\_\_**Contact person for the project** \_\_\_\_\_**Contact's involvement in community group** \_\_\_\_\_**Email address of contact person for the project** \_\_\_\_\_**\*Signature of contact person** \_\_\_\_\_**\*Signature of person submitting application (if different)** \_\_\_\_\_

**\*Person signing must have authority to commit the organization to contract with the South Carolina Department of Health and Environmental Control (DHEC) and the South Carolina Diabetes Prevention and Control Program.**

**MEMBERSHIP ROSTER**

Please list out the members of your community group and their contact information.

NAME	ADDRESS	PHONE NUMBER	EMAIL

Please feel free to use an additional sheet if there are more members in your community group.

Please list the offices of your community group (examples might include president or chair, secretary, treasurer, meeting coordinator, health ministry chair.

Office	Person serving in this office	TERM of office

How often does your community group currently meet? \_\_\_\_\_

Where do you meet? \_\_\_\_\_

What is your plan to establish quarterly meetings of your community group?

\_\_\_\_\_

\_\_\_\_\_

Does your community group currently have Internet access? ☐ Yes ☐ No

If no, when will you have Internet access? (Required) \_\_\_\_\_

Does your community group have a post office box or a **non-residential** mailing address? ☐ Yes

☐ No

If no, when will you obtain a post office box or **non-residential** mailing address (Required)?



**PARTNERSHIP LIST****Partnerships:**

The coalition/community groups are expected to identify, establish, and engage partners in planning, implementing, and evaluating activities. Forming partnerships with other organizations in the community may increase available resources and expertise for your organization's activities. Examples of potential partners may be community health centers, local health departments, community-based organizations, faith-based organizations, youth organizations, parks & recreation centers, senior citizen centers, local grocery stores, hospitals, libraries, schools, etc.

<b>Name of Organization</b>	<b>Contact person for this Organization</b>	<b>Expected support from this partner</b>

**Submission Criteria**

<b>Appearance and Neatness</b> ---Application must be typed with one inch margins, double-spaced, and 12-point font.	10
<b>Statement of Need-- Affected Community and Local Health Priority Issue.</b> (1) The local health issue (and documentation) that the project will address. (2) The affected community (geographic location, community history and demographics (e.g. number of minorities, ages, average income, etc.). (3) How the affected community is disproportionately impacted by diabetes.	20
<b>Project Description</b> (1) Project Goal(s). These should be specific, measurable, achievable, relevant, timely (SMART) objectives- a logic model is encouraged. <b>Examples of Objectives:</b> <ul style="list-style-type: none"> <li>• By 9/29/10, increase knowledge, skills, and confidence of at least 200 community elders to manage their diabetes through hosting at least 2 sponsored educational activities.</li> <li>• Increase community collaborations with 4 community organizations and churches by 1/31/11 to achieve increased access to education programs among elder minority with diabetes.</li> </ul> (2) Planned methods, activities, and strategies; also with SMART statements. <b>Examples:</b> <ul style="list-style-type: none"> <li>• Train 5 community peer volunteers by 12/30/10, to provide educational programs according to the "Chose to Live" curriculum and protocol.</li> <li>• Conduct monthly meetings in months 1-6 with at least 6 new organizations, to collaboratively develop community activities in months 7-12.</li> <li>• Develop a "tools" committee to select and review culturally appropriate educational materials by 6/15/11.</li> <li>• Contact 2 community newspapers by 4/25/11 to assist with publicity for community activities.</li> </ul> (3) Role of partner(s) in addressing the local issue(s) and plans for maintaining, further developing, and sustaining partnerships. (4) Resources the community group brings to the partnership, vested interest for working on this partnership issue, and commitments beyond the project. (5) Plan to effectively <i>evaluate, manage and complete</i> this proposed project. <i>(The evaluation plan should include some definable way of determining the impact of the proposal and changes in the target audience in terms of knowledge, behavior or attitude. The project should directly impact the need for the project that is described in the Project Description portion of the grant application. The evaluation plan should describe what data will be used to determine impact.)</i>	25
<b>Capacity Building/Sustainability</b> (1) Provided description of purpose, mission, and focus of the community group. (2) Duration, history, and strength of involvement in the community. (3) Provided description of past accomplishments. (4) Demonstrated involvement of the community in planning the project. (5) Documented experience in working with the community. (6) Provided personnel description of person(s) responsible for carrying out each objective.	25
<b>Detailed Budget and Justification: reasonableness of cost and how line items relate to activities of project.</b> The application will be evaluated on the reasonableness of the costs and how the budget relates to the planned activities.	20
<b>TOTAL Maximum Points Available</b>	<b>100</b>

**Submission Criteria Cont.**

All applications must be typed with one inch margins, double-spaced, and 12-point font.

- A. Project Title and Project Purpose Statement (approximately 1/2 page)
- B. Affected Community and Local Health Priority Issue (approximately 1.5 pages)
- C. Organization's Historical Connection to Affected Community and Past Program Reporting and Dissemination (approximately 1.5 page)
- D. Project Description with goal(s) and SMART objectives, methods, strategies, activities, and expected outcomes AND Evaluation Plan related to (SMART) objectives, performance measures and milestones (approximately 5.5 pages)
- E. Timeline related to methods, strategies, activities, and other priorities (approximately 1/2 page)

**Example of Detailed Budget**

**\* TRY TO GET FOOD OR MEETING SPACE DONATED  
AS IN-KIND THROUGH PARTNERS**

Budget Item	Description	Total
<b>Supplies</b>	Digital Camera \$200 Videos \$100 Curriculum and supplemental materials \$145.50 Incentive items: 20 t-shirts @ \$10 each = \$200 50 water bottles @ \$1 each = \$50	\$767.75
<b>Meeting expenses (CANNOT INCLUDE MEETING SPACE)</b>	Ink cartridges, paper, printing, copying, and other office supplies \$60/month = \$480 Postage for meeting notices (\$155.25) Poster development for Fall Symposium-\$160	\$790.00
<b>Contractual</b>	Evaluator (10% of award amount = \$300)	\$300.00
<b>Travel</b> A maximum of 15% of total grant award can be used for ALL travel. Trainings/workshops conducted outside SC DPCP will require prior approval before submitting registration.	Annual Statewide Community Partners Meeting (2 people) = 150 miles x .50 = \$75; overnight hotel stay \$100; meals @ \$26/day x 2 people = \$52 African American Conference on Diabetes 20 people @ \$10/per person = \$200; 150 miles x .50 = \$75; Obesity Summit 2 people @ \$25/per person = \$50; Tobacco Summit 2 people @ 30/per person = \$60; 150 miles x .50 = \$75	\$987.00
<b>TOTAL (paid from grant award)</b>		\$3,000.00
<b>*In-Kind donation(s)</b> In-Kind is not included in the total amount requested from the grant award, but what is freely given from partners, etc.	Refreshments, materials, meeting space, printed materials, food for meetings, or services such as printing, consulting, etc.	\$3,000.00
<b>Overall budget total for the Year</b>		\$6000.00

**FORM E****Detail Budget Justification**

Budget Item	Description	Total
<b>Supplies</b>		
<b>Meeting expenses (CANNOT INCLUDE MEETING SPACE)</b>		
<b>Contractual</b>	Evaluator (10% of awarded)	
<b>Travel</b> A maximum of 15% of total grant award can be used for ALL travel. Trainings/workshops conducted outside SC DPCP will require prior approval before submitting registration.		
<b>TOTAL (anticipated grant award)</b>		
<b>*In-Kind donation(s)</b> In-Kind should not be included in the total amount requested from the grant award, but is freely given from partners, etc.		
<b>Overall budget total for the Year</b>		

## **Budget Justification Information**

**A narrative should be provided for each item requested in the budget.**

- 1. Supplies** – List all project specific supplies, printing cost related to the project, educational supplies with itemized list and how each expenditure relates to accomplishment of grant objectives.
  
- 2. Meeting expenses:** List all eligible expenses that relate to the community group/coalition quarterly meetings
  
- 3. Contractual Costs** – Explain the need for each contractual arrangement and how these components relate to the overall object and accomplishment of the grant objectives.
  
- 4. Training Costs** – Identify the expected costs for planned trainings and how these trainings will benefit the community group/coalition. In planning the budget, these costs may vary with experience, type of training, skill level, etc. After implementing a few training programs, you should adjust these estimates by taking into account your actual training costs.
  
- 5. Travel** – Explain need for all travel and itemize expenditures including miles traveled at the state travel rate as well as the reason for travel. Allowable per diem (food) should be included. A maximum of 15% of total grant award can be used for ALL travel.
  
- 6. Other Training (s) of interest** – Identify the expected costs for other trainings and how these trainings will benefit the community group/coalition. A maximum of 15% of total grant award can be used for other trainings. Other trainings require prior approval before submitting registration.

**NOTE: Please use additional paper if necessary**

# **ACTION PLAN WORKSHEET 2010 – 2011    EXAMPLE**

## **GOAL:**

## **OBJECTIVE:**

<b>RESOURCES</b> \$\$, people, space, partners	<b>Activities</b>	<b>Short Term Outcome SO WHAT</b>  <b>WHAT</b> will this activity result in. <b>HOW MUCH:</b> number or percentage of people this outcome is targeted to impact.	<b>Evaluation</b>  Knowledge and skill/behavior change measured by testing or observation	<b>IMPACT OPTIONS</b>  Increase awareness of diabetes prevention/management  Increased opportunities for healthy living in your community
St Johns AME Partnership	Establish a partnership with a local community food co-op (Clemson Extension)	Conduct a neighborhood food environment assessment.  Establish community gardens	Data collected & Analysis completed—Report on conclusion will be made available to stakeholders  Choose a site Conduct a soil test in the fall for nutrients & heavy metals  ● Walking trail established ● # of signed in walkers each week ● Log of each walk	Increase awareness of diabetes and the benefit of consuming fresh vegetables.
St Johns AME Partnership Assistance of DHEC Health Educator	Develop a walking trail on the grounds of St Johns AME church with weekly planned walks after Wednesday noon Bible study	Walking trail will be established by June 2009.  Weekly planned walks will be attended by at least 10 people each week.		Increase opportunities for healthy living in your community

## ACTION PLAN WORKSHEET 2010 – 2011

**GOAL:****OBJECTIVE:**

RESOURCES  \$\$, people, space, partners	Activities	Short Term Outcome  WHAT will this activity result in? HOW MUCH: number or percentage of people this outcome is targeted to impact.	Evaluation  Knowledge and skill/behavior change measured by testing or observation	IMPACT OPTIONS  Increase awareness of diabetes prevention/management  Increased opportunities for healthy living in your community



## FORM G (CONT)

## ACTION PLAN WORKSHEET 2010 – 2011

RESOURCES \$\$, people, space, partners	Activities	Short Term Outcome WHAT will this activity result in HOW MUCH: number or percentage of people this outcome is targeted to impact.	Evaluation Knowledge and skill/behavior measured by testing	IMPACT OPTIONS Increase awareness of diabetes prevention/management Increased opportunities for healthy living in your community

**Instructions for submitting the proposal**

E-mail, fax, or mail one completed copy of the application TO BE RECEIVED by 5:00 PM EST on **May 6, 2010** to:

Ms. Michelle Robinson, CPPB  
Procurement Manager I  
SC DHEC  
2600 Bull Street  
Columbia SC 29201  
(803) 898-3469 - Phone  
(803) 898-3505 - Fax  
[robinsma@dhec.sc.gov](mailto:robinsma@dhec.sc.gov)

**Instructions for submitting invoices if you are awarded**

Requests for invoice payments should be mailed to:

Ms. Michelle Moody, Community Partnership Coordinator  
SC Department of Health & Environmental Control  
SC Diabetes Prevention and Control Program  
1800 St. Julian Place  
Columbia, SC 29204

**The first invoice must include:**

- Coalition/community group letterhead
- Name and address of coalition/community group
- Submitters signature
- Invoice submission date
- Contract and invoice numbers
- Description of items requested for first 30 days (start up funds)
- Initial detailed budget projection (comes from the detailed budget page of the original grant)
- Start up funds requested (dollar amount)
- Year to date budget balance (how much money will be left over once invoice is paid)

**All other invoices must include:**

- Coalition/community group letterhead
- Name and address of coalition/community group
- Submitter's signature
- Invoice submission date
- Contract and invoice numbers
- Description of items submitted for reimbursement
- Initial detailed budget projection (comes from the detailed budget page of the grant)
- Balance brought forward (only invoices after start up funds)
- Amount of current reimbursement requested
- Year to date budget balance (how much money will be left over once invoice is paid –last invoice should show \$0 left).

## Letter of Support Example

April 1, 2010

Moody's Diabetes Coalition  
1234 Diabetes Avenue  
Columbia, SC 29229

To: SC Diabetes Prevention and Control Program

Shoreline Behavioral Health Services supports the local Diabetes Coalition's efforts to increase awareness and preventive measures to reduce the occurrence of diabetes among the residents of Richland County. Shoreline Behavioral Health Services (SBHS) is a 501 (c) 3 organization and serves as the county authority for Alcohol and other Drugs of Abuse Services. Shoreline is an advocate and actively works on Prevention. Our prevention efforts include alcohol, tobacco, and HIV / AIDS and we promote healthy lifestyles for all individuals. Collaboration with the Diabetes Coalition will further expand the preventive measures, which our agency currently promotes.

Jessie Brown (Coordinator of Prevention Services) will serve as SBHS point of contact to coordinate services and involvement with the Diabetes coalition for the efforts of the "What You Need to Know about Diabetes - Part 1." SBHS has the intention of utilizing our resources to provide education on the impact of alcohol and drugs in the contribution of the development of diabetes as apart of the "Diabetes Education Moving Across Richland County Program".

Respectfully Submitted,

Michelle Moody  
Executive Director

Jessie Brown  
Prevention Coordinator

**All mini-grant applications must be received in our office by  
5:00 PM on May 6, 2010.**

**NOTE: Please follow directions on all pages of the  
application. Incomplete applications that do not comply will  
be returned as non-responsive. ALL PAGES MUST BE  
TYPED. Applications that are not typed will be returned as  
non-responsive.**